

Facility Name: Ray Schumann
EPA Id Number: MO0009738147

LAND DISPOSAL RESTRICTION CHECKLIST FOR FY 1989

Form E - Testing and Management of California List Wastes

Note: This form should be completed only if the facility generates or handles California List wastes at the concentrations listed in Form A - Restricted Waste Determination.

1. Has the facility conducted any testing of restricted wastes to determine whether the concentrations qualify them as California Wastes ?

☒ Yes ☐ No

If no,

Has the facility retained records documenting that the waste is not restricted under the California List by knowledge of process ?

☐ Yes ☐ No

2. Has the Paint Filter Liquids Test (PFLT) been performed as described by SW-846 to determine whether California List wastes (except halogenated organic compounds) are in liquid form ?

☐ Yes ☒ No

3. If wastes have been determined to be in liquid form, were these wastes solidified using an absorbent ?

☐ Yes ☒ No

A. If yes, note type of absorbent used: _____

B. Indicate which wastes were solidified by absorbent below:

Check each box that applies:

☒ Liquid hazardous wastes or liquids associated with solids or sludges containing free cyanides at concentration greater than 1000 mg/L.

☐ Liquid hazardous wastes or liquids associated with solids or sludges containing one or more of the following concentrations:

- ☒ Arsenic or compounds containing arsenic greater than 500 mg/L;
☒ Cadmium or compounds containing cadmium greater than 100 mg/L;
☒ Chromium or compounds containing chromium greater than 500 mg/L;
☒ Lead or compounds containing lead greater than 500 mg/L;

Facility Name: Ray Schumann
EPA Id Number: MD009788147

Form E - Testing and Management of California List Wastes (cont'd)

- ☒ Mercury or compounds containing mercury greater than 20 mg/L;
☐ Nickel or compounds containing nickel greater than 134 mg/L;
☐ Selenium or compounds containing selenium greater than 100 mg/L; or
☐ Thallium or compounds containing Thallium greater than 130 mg/L.
- ☒ Liquid hazardous wastes exhibiting a pH less than or equal to 2.0.
☒ Liquid hazardous wastes that also contain polychlorinated biphenols (PCBs) at concentrations between 50 to 500 mg/L.
☐ Liquid or nonliquid hazardous waste containing halogenated organic compounds at concentrations greater than or equal to 1000 mg/Kg.

4. Has the facility determined whether concentration levels of the analytes (not extracts or filtrates) equal or exceed prohibition levels or whether the pH of the wastes is less than or equal to 2.0 based on:

A. Knowledge of process ?

☒ Yes ☒ No

- i. If facility employs knowledge of process, note adequacies or inadequacies in their methods below:

Analytical laboratory data, Waste Analysis Data

B. Testing ?

☐ Yes ☒ No

- i. Did the facility determine if concentration levels in PFLT extracts exceed cyanide or metal treatment standards ?

☐ Yes ☐ No

- ii. List the test methods used: _____

- iii. List constituents and respective concentration levels for wastes found to exceed prohibition levels below:

Facility Name: Ray Schumann
EPA Id Number: MOB009738147

Form E - Testing and Management of California List Wastes (cont'd)

5. Has the facility treated waste onsite or offsite: ~~ON SITE~~ * ^{GC4}

A. If onsite, complete Form B - Treatment, Storage, and Disposal.

B. If offsite, complete Form C - Manifesting Restricted Wastes.

* off-site

Inspector's Initials: GC4

Facility Name: Ray Schumann
EPA Id Number: MO0009738147

LAND DISPOSAL RESTRICTION CHECKLIST FOR FY 1989

Form F - Testing and Management of "First Third" Wastes

Note: This form should be completed only if the facility generates or handles wastes restricted under the "First Third" list (August 17, 1988).

I. Hard Hammer Provisions

1. Has the facility correctly determined the appropriate treatability group for hard hammer wastes generated or handled onsite? ___ Yes ___ No

2. Has the facility determined whether hard hammer wastes exceed treatment standards based on the following:

A. Knowledge of process? ___ Yes ___ No

i. If facility employs knowledge of process, note adequacies or inadequacies in their methods below:

B. Toxicity Characteristic Leaching Process (TCLP)? ___ Yes ___ No

i. If yes, provide the following information:

a. Last test date: _____

b. Frequency of testing: _____

c. Indicate any problems with testing procedure below:

ii. Attach test results to report.

iii. Were wastes tested using TCLP when processes or wastestreams changed? ___ Yes ___ No

iv. Was testing done prior to dilution or solidification? ___ Yes ___ No

Facility Name: Ray Schumaker
EPA Id Number: MOB009738147

Form F - Testing and Management of "First Third" Wastes

C. Other (specify): _____

3. Did the hard hammer wastes exceed their applicable treatment standards upon generation [268.7(a)(2)] ? ☐ Yes ☐ No
4. Is there any reason to believe that the facility may have diluted these wastes to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling, etc.) ? ☐ Yes ☐ No
5. Did the facility ascertain whether hard hammer wastes were appropriately assigned wastewater on non-wastewater designations (nonwastewaters are > 1% TOC and > 1% suspended solids) ? ☐ Yes ☐ No
6. Does the facility handle K061 wastes ? ☐ Yes ☐ No

If yes,

- A. Were nonwastewaters appropriately classified in either the high or low zinc subcategories (> 15% Zn) ? ☐ Yes ☐ No

7. Does the facility handle K101 or K102 wastes ? ☐ Yes ☐ No

If yes,

- A. Were nonwastewaters appropriately classified in either the high or low arsenic subcategories ? ☐ Yes ☐ No

8. Have hard hammer wastes been stored for greater than 90 days ? ☐ Yes ☐ No

If yes,

- A. Is facility operating under interim status or final permit ? ☐ Yes ☐ No

If the answer was yes for either 8 or 8A, complete Form B - Treatment, Storage and Disposal.

Facility Name: Ray Schumann
EPA Id Number: MO0009738147

Form F - Testing and Management of "First Third" Wastes

II. Soft Hammer Provisions

1. Has the facility submitted demonstrations and certifications for each soft hammer waste destined for disposal in landfills or surface impoundments to the Regional Administrator prior to the shipment of the waste to the disposal facility? ___ Yes ___ No

If yes,

- i. Has the facility retained a copy of each demonstration onsite? ___ Yes ___ No
- ii. Has the facility retained copies of all certifications sent to the disposal facility? ___ Yes ___ No
2. Has the facility sent copies and kept copies of the following information with each shipment of soft hammer wastes:
- A. Manifest document number? ___ Yes ___ No
- B. EPA waste identification code? ___ Yes ___ No
- C. All applicable restrictions? ___ Yes ___ No
- D. Waste analysis data (if available)? ___ Yes ___ No
- E. Applicable certifications? ___ Yes ___ No
3. Do facility records indicate that soft hammer wastes are destined for disposal in landfills or surface impoundments? ___ Yes ___ No

If yes,

- A. List the name of the waste(s) destined for disposal:

- B. Name the facility where the waste is destined:

Facility Name: Ray Schumann
EPA Id Number: MO0009738147

Form F - Testing and Management of "First Third" Wastes

4. Have soft hammer wastes been stored for greater than 90 days ? ☐ Yes ☐ No
- A. If yes, is facility operating under interim status or final permit ? ☐ Yes ☐ No

If the answer was yes for either 4 or 4A, complete Form B - Treatment, Storage and Disposal.

ATTACHMENT 4
NOTICE OF VIOLATION, CONFIDENTIAL BUSINESS INFORMATION FORM,
AND
RECEIPT FOR DOCUMENTS

of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: Ray Schumann and Associates, Inc.
Address: 1347 January Avenue
St. Louis, MO 63110
EPA ID Number: MO6009738147 Date: 06/08/89

During an inspection just completed to determine compliance with the requirements of Subtitle C of RCRA and regulations promulgated pursuant thereto, the following violations were identified:

<u>Citation</u>	<u>Description of Violation</u>
268.7(a)(1) LMS	Generate must provide notification of LMS treatment standards with each manifest LMS
268.50 (a)(2)(i)	Each container must be clearly marked to identify its contents of F-solvent waste

This notice is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order (Administrative Civil Complaint) issued pursuant to Section 3008 of RCRA and may not be a complete listing of all violations which may be identified as a result of this inspection.

The Ray Schumann & Assoc. Inc. is hereby requested to submit in writing within 10 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary correction actions to be taken to: Robert Morby, Chief, RCRA Branch, U. S. Environmental Protection Agency, Region VII, 726 Minnesota Ave., Kansas City, Kansas, 66101. The corrective actions taken by Ray Schumann & Assoc. Inc. will be considered in subsequent enforcement follow-up. Should civil penalties be assessed, corrective action(s) will be considered in assessing the penalty amount.

If you have any questions on this Notice or wish to discuss your response, you may call Cynthia Hutchinson (U. S. EPA) at 913/236-2888, or _____, at _____.

This Notice prepared by Laurie M. Smith, Date: 06/08/89

The undersigned person hereby acknowledges that he/she has received a copy of this Notice and has read same.

Printed Name: JAMES A. SCHUMANN Date: 6/8/89
Signature: [Signature]
Title: TREASURER

U.S. ENVIRONMENTAL PROTECTION AGENCY
RCRA INSPECTION
CONFIDENTIALITY NOTICE

Name and Address of Inspector(s) <i>Greg Uetrecht Laurie M. Smith</i>	Name and Address of Facility <i>Ray Schumann & Associates Inc. 1347 January Ave. St. Louis, MO 63110</i>	
	Owner, Operator, or Agent in Charge <i>Dennis Schumann</i>	
	Title <i>Secretary</i>	
	Address <i>1347 January Ave. St. Louis, MO 63110</i>	
Name of Individual to Whom Notice Given <i>Dennis Schumann</i>	Title <i>Secretary</i>	Date <i>06/08/89</i>

It is possible that EPA will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FDIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act, Section 3007, as amended. EPA is required to make inspection data available in response to FOIA requests, unless the Administrator of the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial of financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information. Among other things, the regulations require that the EPA notify you in advance of publicly disclosing any information you have claimed and certified confidential.

To claim information confidential, you must certify that each claimed item meets all of the following criteria:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtainable without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

At the completion of the inspection, you will be given a receipt for all documents, samples, and other materials collected. At that time you may make claims that some or all of the information is confidential and meets the four criteria listed above.

RCRA INSPECTION CONFIDENTIALITY NOTICE.	Facility <i>Ray Schumann Assoc. Inc.</i>
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If you are not authorized by your company to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the Owner, Operator, or Agent in Charge of your firm, within two days of this date. That person must return a statement, specifying any information which should receive confidential treatment.

This statement from the Owner, Operator, or Agent in Charge should be addressed to:

Mr. David A. Wagoner
Director, Waste Management Division
United States Environmental Protection Agency
726 Minnesota Avenue
Kansas City, Kansas 66101

and mailed by registered, return-receipt requested mail with in seven (7) calendar days of receipt of this Notice.

Failure by your firm to submit a written request that information be treated as confidential, either at the completion of the inspection or by the Owner, Operator, or Agent in charge, within the seven-day period, will be treated by the EPA as a waiver by your company of any claims for confidentiality regarding the inspection data.

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Name DENNIS J. SCHUMANN

Title SECRETARY

Signature *Dennis J. Schumann*

Date June 8TH, 1989

If there is no one on the premises of the facility who is authorized to make business confidentiality claims for the firm, a copy of this Notice and other inspection materials will be sent to the Owner, Operator, or Agent in charge of the company. If there is another company official who should also receive this information, please designate below:

Name JAMES A. SCHUMANN

Title TREASURER / SAFETY OFFICER

Address 1347 JANUARY AVENUE

ST. LOUIS, MO 63110

U.S. ENVIRONMENTAL PROTECTION AGENCY
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

REQUEST FOR CONFIDENTIAL
TREATMENT

Name of Individual <i>Dennis Schumann</i>	Title <i>Secretary</i>	Date <i>06/08/89</i>
Firm Name <i>Ray Schumann Assoc. Inc.</i>	Firm Address <i>1347 January Avenue St. Louis, MO 63110</i>	

Information for which Confidential Treatment is requested:

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5U.S.C.552; EPA regulations issued thereunder, 40 CFR Part 2; and the Resource Conservation and Recovery Act (RCRA), Section 3007, as amended. The undersigned further acknowledges that he/she is authorized to make such claims for his/her firm.

The undersigned also certifies that each item described above meets all of the following criteria: (1) The company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures; (2) The information is not, and has not been, reasonably attainable without the company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding; (3) The information is not publicly available elsewhere; and (4) Disclosure of the information would cause substantial harm to the company's competitive position.

Signature (Owner, Operator, or Agent) <i>Dennis Schumann</i>		Title <i>Secretary</i>
Name of Inspector <i>Laurie M. Smith</i>	Title <i>Industrial Hygienist</i>	Inspector's Signature <i>Laurie M. Smith</i>

U.S. ENVIRONMENTAL PROTECTION AGENCY RECEIPT FOR SAMPLES AND DOCUMENTS

Inspector(s) Name and Address Jacobs Engineering Group, Inc. TES IV Contractors to the U. S. EPA 10901 W. 84 th TERRACE, SUITE 210 Lenexa, KS 66214		Firm Name and Address Ray Schumann & Assoc. Inc. 1347 January Avenue St. Louis, MO 63110	
		Name of Individual Dennis Schumann	
		Title Secretary	
Date Collected N/A	Samples were: N/A () Purchased	N/A () Received no charge () Borrowed	
Sample Numbers N/A		Amount paid for Samples N/A	
Duplicate Samples Requested N/A () Yes () No		Method of Payment N/A () Cash () Voucher () To be Billed	

The documents and samples of chemical substances and/or mixtures described below were collected in connection with the administration and enforcement of the Resource Conservation and Recovery Act.

Receipt for the document(s) and/or Sample(s) described below is hereby acknowledged:

- 1 verification of receipt from Clayton Chemical Co.
- 3 photographs
- 1 Manifest # AR-384617 dated 05/09/89
- 2 copies of facility map
- 1 Generator Notification ^{ums} + 1 Notif. provided by Rinco.
- 1 Rinco Chemical Industries services sheet
- 1 copy description of process
- 1 Industrial Testing Laboratories Inc. - test report dated 2/23/89
- 1 Part II to Hazardous Waste Registration (MDNR)
- 1 letter dated 2/23/84 from MDNR re: EPA ID #.
- 1 Section 3007 letter + response

Signature (Owner, Operator, or Agent) <i>Laurie M. Smith</i>		Title TREASURER
Name of Inspector LAURIE M. SMITH	Title INDUSTRIAL HYGIENIST	Inspector's Signature <i>Laurie M. Smith</i>

Ben

Ray Schumann & Associates - St. Louis, Missouri

MOD009738147

Date Mailed: October 14, 1987

Date Received: October 16, 1987

Response Received: October 26, 1987

Categorization: 2

Ray Schumann & Associates generates approximately 2090 lbs/month of an F001 solvent containing tetrachloroethylene. This would place the facility in the 100-1000 kg/month generator range. The waste is generated from the manufacturing of printing plates. Wastes are stored up to 90 days and then shipped to a reclamation facility. Follow-up is recommended because, apparently, the facility is not notifying the reclamation facility of the land disposal restricted waste (although as a 100-1000 kg/month generator they are exempt, they must still include this notification). The facility correctly identified its waste as F001 in the response cover letter. However, the facility has misclassified the waste as D001 on several manifests since November 7, 1986.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Mr. James Schumann
Ray Schumann & Associates Inc.
1347 January Avenue
St. Louis, MO 63110

RE: Request for Information

Ray Schumann & Associates Inc.
St. Louis
MOD980852735

REQUEST FOR INFORMATION

Dear Mr. Schumann:

Under Section 3007 of the Resource Conservation and Recovery Act (RCRA), Title 42 U.S.C. Section 6927, the Environmental Protection Agency (EPA) may require you to furnish information relating to your wastes and waste management practices. Pursuant to Section 3007 of RCRA, for the purposes of determining compliance and possible enforcement, EPA hereby requires that you respond to the following questions in writing within fifteen (15) days of receipt of this letter.

Sections 3004 (d) through (k) and (m) and Section 3005 (j) of RCRA, 42 U.S.C. Section 6924 (d) through (k) and (m) and Section 6925 (j), require the EPA to ban, subject to limitations, or restrict the land disposal of hazardous waste. Prohibitions and restrictions on the management of wastes containing specified solvents became effective on November 7, 1986 (51 Federal Register pg. 40636; November 7, 1987). These prohibitions and restrictions are set forth in 40 CFR Part 268 and in revisions to 40 CFR 260 through 265 and 270.

Your facility has notified the EPA pursuant to the requirements of RCRA that you facility manages hazardous waste as either a generator, transporter, and/or treatment, storage, and disposal facility. These wastes are potentially affected by the new land ban regulations.

Definitions

"You" or "your" refers to your facility, including its officers, employees, and consultants.

A solvent is defined as a substance used to solubilize (dissolve) or mobilize other constituents. A solvent is considered "spent" when it has been used and is no longer fit for use without being regenerated, reclaimed, or otherwise reprocessed. Examples of spent solvents include solvents that are being used as degreasers, cleaners, fabric scourers, diluents, extractants, and reaction and synthesis media. Manufacturing process wastes containing solvents are not spent solvents.

The definitions in RCRA and the RCRA regulations, 40 CFR Parts 260-271 apply.

Information Requested

1. The name of the person with your facility to contact regarding this request, including title, address, and telephone number.
2. State whether at any time after November 7, 1986, you generated, transported, treated, stored, and/or disposed of 1) F001, F002, F003, F004, and/or F005 wastes as defined at 40 CFR Part 261.31, and/or 2) D001 wastes as defined at 40 CFR 261.21, and/or 3) a mixture of any of the aforementioned wastes. If you are unable, based upon information immediately available to you, to determine the designation of your waste, provide information concerning solvent type wastes that you have generated or handled. Examples of solvent type wastes are given in the definitions section of this letter.
3. For each waste identified above, give the rate of generation in pounds per month (lbs./month).
4. For each waste identified above, please provide all chemical analyses, Material Safety Data Sheets, manufacturers information, and any other information used to characterize the waste.
5. For each waste identified above, provide a brief description of the generation, transportation, treatment, storage and/or disposal process(es).
6. For each waste identified above, provide information concerning how the waste was managed from the time the waste was generated or came into your possession up to its final disposition or the time the waste left your possession. This should include copies of all manifests, treatment standard notifications and certifications, servicing agreements, bills of lading, and invoices.

You may, if you desire, assert a business confidentiality claim covering part or all of the information submitted to, or reviewed by, EPA. Such a claim may be made by placing on (or attaching to) the information, at the time of its submittal to, or review by, EPA, a cover sheet, stamped or printed legend, or other suitable form of notice employing language such as "trade secret," "proprietary," or "company confidential." Allegedly confidential portions of otherwise non-confidential documents should be clearly identified and may be submitted separately to facilitate identification and handling by EPA. If confidential treatment is sought only until a certain date or until the occurrence of a certain event, the request should so state.

Information submitted for which a claim of confidentiality is made will be disclosed by EPA only to the extent and by the means authorized by the procedures specified in 40 CFR Part 2, Subpart B (1985), as amended by 50 Federal Register 51654 December 18, 1985. If no such claim is made when information is received by EPA, the information may be made available to the public without further notice.

Please note that you are required to submit this information within fifteen (15) days of receipt of this letter. The response must be submitted to Jacobs Engineering Group Inc., a designated contractor to the EPA. Specifically, you should submit your response to :

Jacobs Engineering Group Inc.
Attn: Terry Hagen
8207 Melrose Drive, Suite 114
Lenexa, KS 66214

Should you require a longer period to respond to the information request, you may be granted, by EPA, a one-time extension of 15 days. To request an extension you must contact your EPA RCRA State Coordinator, Marc Rivas, at 913/236-2891.

Failure to respond to these questions within 15 days of receipt of this letter may subject you to an enforcement action under Section 3008 of RCRA, 42 U.S.C. Section 6928. Such enforcement action may include the assessment of penalties of up to \$25,000 for each day of noncompliance.

Should you have any questions concerning this matter, please contact Terry Hagen or Carla Rellergert at 913/492-9218.

Sincerely yours,

David A. Wagoner
Director
Waste Management Division



Ray Schumann & Associates, Inc.

1347 January Ave., St. Louis, MO. 63110 (314) 645-8700

RECEIVED
REGION VII

OCT 26 1987

October 21, 1987

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jacobs Engineering Group Inc.
Attn.: Terry Hagen
8207 Melrose Drive, Suite 114
Lenexa, KS 66214

Gentlemen:

This letter is in reference to your request for information under Section 3007 of the Resource Conservation and Recovery Act (RCRA), Title 42 U.S.C. Section 6927:

The following are herein provided per your request:

- (1) James A. Schumann
Ray Schumann & Associates, Inc.
1347 January Avenue
St. Louis, MO 63110
(314) 645-8700
- (2) We have disposed, generated and stored of wastes F001 and or F005 after November 7, 1986.
- (3) F001 and or Foo5 the generation rate in pounds per month :
approximately 2,090 lbs.
- (4) Material Safety Data Sheets and manufacturers information
are enclosed
- (5) The waste is generated by the process of making photopolymer printing plates. The exposed plate (photomechanically exposed onto the light sensitive photopolymer material) and put into a washout processing machine which contains the mixture of perchloroethylene - 75% and 1-Butanol(Butyl Alcohol) - 25%. After the plate is washed out any spent solution is automatically deposited into the spent solution drum. This drum holds 55 gallons of the spent solution. When the drum is full, it is placed into a holding; the holding has a berm all around and will collect any of the waste material should there be a leak. The initial drum that is connected to the machine and the filled drums of spent solution are visually checked 3 times a day and noted on a specific chart. These drums are then held in our holding area up to 90 days, whereby there comes the transportation phase of the operation.
- (6) After the waste is generated, the filled drums are stored in a holding area specifically designed to hold the waste material. This holding as a berm all around and it will hold all of the contents of any leakage that should occur. This is visually checked 3 times a day and duly noted on our inspection chart. I have enclosed all manifests and certifications concerning these waste disposal arrangements. After the material is sent out for reclamation, we buy back new reclaimed solvent for our operation.



Ray Schumann
& Associates, Inc.

1347 January Ave., St. Louis, MO. 63110 (314)645-8700

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REGION VII

OCT 26 1987

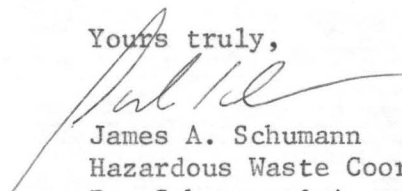
October 21, 1987

(2)

The certification sheets are originally a typed sheet that we were required to send on a quarterly basis concerning all of the waste disposed of in that time period. We have since used the new sheets of certification that are required by the EPA.

I hope that this information meets your specifications, in any event, if you need more information, please contact me immediately.

Yours truly,



James A. Schumann
Hazardous Waste Coordinator
Ray Schumann & Associates, Inc.



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OCT 26 1987

Printing Photosystems

MATERIAL SAFETY DATA SHEET

MATERIAL IDENTIFICATION

NUMBER : E-79577 11/85
NAME : Cyrel Flexosolvent
CHEMICAL FAMILY : Combustible chlorinated solvent mixture

TRADE NAMES AND SYNONYMS: Cyrel Washout Solution

DU PONT REGISTRY NUMBER: DP96-49-5

MANUFACTURER/DISTRIBUTOR: E.I. du Pont de Nemours & Co., Inc.
1007 Market Street
Wilmington, DE 19898

PRODUCT INFORMATION PHONE : 1-(800)441-7515
TRANSPORTATION EMERGENCY PHONE (CHEMTREC) : 1-(800)424-9300
MEDICAL EMERGENCY PHONE : 1-(800)441-3637

HAZARDOUS COMPONENTS

Material	CAS Number	%
Tetrachloroethylene (Perchloroethylene)	127-18-4	75
1-Butanol (Butyl Alcohol)	71-36-3	25

PHYSICAL DATA

Boiling Point : 109 deg C at 760 mm Hg.
Specific Gravity : 1.423
% Volatiles : 100 WT %
Odor : Like ether, chloroform
Form : Liquid
Color : Colorless
Partially soluble in water. Odor threshold for tetrachloroethylene: 65 ppm; for 1-Butanol: 16 ppm.

PHYSICAL DATA - RADIATION

Principal Radiation: None

HAZARDOUS REACTIVITY

Instability : Stable.
Incompatibility : Incompatible with Strong oxidizers, active metals.
Decomposition : Decomposes with heat. Hazardous gases produced are Phosgene.
Polymerization : Polymerization will not occur.

FIRE AND EXPLOSION DATA

Flash Point: 49 deg C. Method: TCC
Flammable Limits in Air, % by Vol.
LEL: 4.5
UEL: 20.5

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OCT 26 1987

FIRE AND EXPLOSION HAZARDS

Combustible. Vapor forms explosive mixture with air. Hazardous gases produced in fire are Phosgene.

EXTINGUISHING MEDIA

Water Fog. "Alcohol" Foam. Dry Chemical. CO2.

SPECIAL FIRE FIGHTING INSTRUCTIONS

Evacuate personnel to a safe area. Keep personnel removed & upwind of fire. Wear self-contained breathing apparatus. Wear full protective equipment (eye, body, respiratory). Cool tank/container with water spray.

HEALTH HAZARD INFORMATION

Principal Health Hazards

Causes eye and skin irritation. Inhalation can cause respiratory irritation, and ingestion can cause gastrointestinal irritation. Significant exposure by any route, including skin permeation, can lead to nausea, headache, weakness, dizziness, confusion, incoordination, abnormal kidney and/or liver function and anemia. Tetrachloroethylene has shown cancer-causing potential in tests on some laboratory animals.

Tetrachloroethylene: Oral- Rat LD50: 2,642 mg/kg

1-Butanol: Oral- Rat LD50: 2,510 mg/kg

Other Health Hazards

SYMPTOMS OF OVEREXPOSURE:

Eye Irritation

Respiratory Irritation

Mucous Membrane Irritation

Nausea

Dizziness

Confusion

Abdominal Pain

Skin Irritation

Gastrointestinal Irritation

Dermatitis

Headache

Weakness

Incoordination

Carcinogenicity

The following components are listed by IARC, NTP, or OSHA as carcinogens.

Chemical	IARC	NTP	OSHA
Tetrachloroethylene	x	x	

Exposure Limits

AEL (Du Pont): Tetrachloroethylene: 100 ppm-TWA-Skin

TLV * (ACGIH): Tetrachloroethylene: 50 ppm-TWA

PEL (OSHA): Tetrachloroethylene: 100ppm-TWA, 200ppm-C

Other: PEL: Tetrachloroethylene: 300ppm-Peak

* TLV is a registered trademark.

AEL: 1-Butanol: 25 ppm-TWA (8-Hr.), 50ppm-15 Min.

TLV: 1-Butanol: 50 ppm-Ceiling-Skin.

PEL: 1-Butanol: 100 ppm-TWA.

Safety Precautions

Avoid breathing vapors or mist. Avoid contact with eyes. Avoid contact with skin. Avoid contact with clothing. Wash thoroughly after handling.

FIRST AID

INHALATION

If inhaled, remove to fresh air. If not breathing, give artificial respiration, preferably mouth-to-mouth. If breathing is difficult, give oxygen. Call a physician.

SKIN CONTACT

Call a physician. In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash clothing before reuse.

EYE CONTACT

In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Call a physician.

INGESTION

If swallowed, do not induce vomiting. Give large quantities of water. Never give anything by mouth to an unconscious person. Call a physician. Vomiting should not be induced in cases of ingestion of corrosive materials or certain petroleum-based materials. All cases of ingestion should be referred immediately to a poison-control center or a physician, and vomiting should normally be initiated only on their advice and by the means they specify. Activated charcoal slurry may be used in cases of ingestion when vomiting is contraindicated. To prepare slurry, suspend 50 grams of activated charcoal in 400 milliliters of water in a plastic bottle, and shake well. Administer a dose of 5 milligrams of slurry per kilogram of body weight, or 350 milliliters for an average adult.

PROTECTION INFORMATION

Generally Applicable Control Measures and Procedures

Use only with adequate ventilation. Keep away from heat, sparks and flames. Keep container in a cool place. Keep container tightly closed. Do not mix with strong oxidizers. active metals. Do not consume food, drink or tobacco in the areas where they may become contaminated with this material.

Personal Protective Equipment

Eye/Face: Coverall chemical splash goggles.

Respirator:

Chemical Cartridge Respirator: with organic vapor cartridges.

Protective Gloves: Use nitrile gloves.

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DISPOSAL INFORMATION

Aquatic Toxicity: Tetrachloroethylene: 96 hr. LC50 1 - 50 mg/l

Spill, Leak, or Release

NOTE: Review FIRE AND EXPLOSION HAZARDS and SAFETY PRECAUTIONS before proceeding with clean up. Use appropriate PERSONAL PROTECTIVE EQUIPMENT during clean up.

Remove source of heat, sparks, flame, impact, friction or electricity. Dissipate vapor with water spray. Dike spill. Prevent liquid from entering sewers, water ways or low areas. Recover free liquid for reuse or reclamation. Soak up with sawdust, sand, oil dry or other absorbent material. Vapor levels over 500 ppm require use of self-contained breathing apparatus in addition to other protective equipment.

Waste Disposal

Cleaned-up material is a RCRA Hazardous Waste. Treatment, storage, transportation and disposal must be in accordance with Federal, State, and Local regulations. Recover for reclamation. Recover nonusable free liquid and dispose of in an approved and permitted incinerator. Recover nonusable free liquid and/or contaminated water, and dispose of in an approved and permitted biological treatment system or an approved and permitted deepwell. Remove nonusable solid material and/or contaminated soil, for disposal in an approved and permitted landfill. Do not flush to surface water or sanitary sewer system.

SHIPPING INFORMATION

Domestic - Other than Air (DOT)

Name: Combustible Liquid, NOS (Contains 1-Butanol)

AIR: Tetrachloroethylene Solution

Hazard Class	: Combustible Liquid (or ORM-A)
UN/NA no.	: NA 1993 (AIR: UN 1897)
DOT Label(s)	: Combustible Liquid (over 110 gal. only) (ORM-A for AIR)
Special Information	: Not regulated in land transport in < 110 gal. containers.
DOT Placard	: Combustible

International Water or Air (IMO/ICAO)

Name: Flammable Liquid, NOS (Contains 1-Butanol)

Hazard Class	: Flammable Liquid - Class 3
UN no.	: UN 1993
IMO/ICAO Label	: Flammable Liquid
Packaging Group	: 3

Additional Information

Shipping Containers

Steel Drums: 30 gallon
Not tested for air shipment.

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STORAGE CONDITIONS

Store in well ventilated area. Store in cool place. Keep container tightly closed. Do not store with strong oxidizers, active metals. Store in accordance with National Fire Protection Assn regulations. Store in accordance with Federal Regulations. Do not store or consume food, drink or tobacco in area where they may become contaminated with this material.

ADDITIONAL INFORMATION AND REFERENCES

Canadian Product Emergency Phone: (613) 348-3616

Medical/Toxicity Emergency Phone - US & Canada: (800) 441-3637

For additional MSDS's, contact your Du Pont dealer or the Du Pont marketing service center which services your area. Please order by the material identification number on Page 1.

The data in this Material Safety Data Sheet relates only to the specific material designated herein and does not relate to use in combination with any other material or in any process.

Person Responsible for MSDS: Manager, Technical Service
Du Pont P&EP Dept. Chest. Run
Wilmington, DE 19898
302-999-3251

WASTE CHARACTERIZATION

DATE _____

DU PONT CODE _____

CONTRACTOR _____

EPA CODES _____

OTHER CODES _____

I. LOCATION _____

EPA I.D.# _____

II. NAME OF WASTE CYREL® SOLVENT RECOVERY WASTE

III. COMPOSITION

A. MAJOR COMPONENTS	C. ONE TIME OR TYPICAL ANALYSIS	D. CONCENTRATION RANGE %		E. EXPOSURE LIMITS	
		UPPER	LOWER	+ACGIH	++OSHA
1. Perchloroethylene	50	54	47	100 ppm	
2. Synthetic Rubber	25	28	24		
3. Paraffin Wax	18	18	16		
4. Acrylates, Methacrylates	5	6	3		
5. Organic Fillers	2	3	2		

B. TRACE ELEMENTS NOT LISTED ABOVE (PPM)

CN < 5 Ag < 0.05 As < 0.01 Ba < 1
 Cd < 0.05 Cr < 0.11 Cu 0.588 Hg < 0.02 Ni < 0.2 Pb < 0.5 Se 0.02
 Zn 0.204 S* < 5 Cl* < 0.1 N* 0.21 P* < 0.15 F* < 0.1 I* < 1
 Other BuOH < 0.001, Organic Fillers 2-3%

IV. PHYSICAL STATE @ 25°C (CIRCLE):

SOLID

LIQUID

SLUDGE

LIQUID/SOLID PHASES

GAS

OTHER _____

SOLIDS

: IS THERE A DUSTING HAZARD IF CONTAINERS ARE OPENED? No

LIQUIDS

: MULTIPLE PHASES? _____ VOL % OF EACH PHASE _____

LIQUIDS & SLUDGES

: CAN THE WASTE BE PUMPED? _____ POURED? _____

LIQUID/SOLID PHASES

: % FREE FLOWING LIQUID LAYER _____ (VOLUME %)

GASES

: PRESSURE OF CONTAINER _____ PSIG

V. CONTAINMENT (CIRCLE)

BULK _____ (MC _____)

55-GAL. STEEL DRUMS (DOT _____)

30-GAL. FIBER DRUMS (DOT _____)

5-GAL PAILS

OTHER _____

APPROX. WT. PER CONTAINER _____ LBS.

VI. PROPERTIES (CIRCLE)

COMBUSTIBLE (FP 135°F) IGNITABLE (FP _____°F)

(CLOSED CUP) (CLOSED CUP)

CORROSIVE

OSHA CARCINOGEN

pH 4.6 ODOR (YES/NO) perchloroethylene

Btu/LB. N/A COLOR Brown

REACTIVE No

TOXIC No

OTHER _____

VII. D.O.T. SHIPPING NAME Waste Combustible Liquid N.O.S.

D.O.T. HAZARD CLASSIFICATION Combustible Liquid

U.N. NO. _____ N.A. NO. N.A. 1993

VIII. VOLUME (FOR PLANNING PURPOSES ONLY)

THIS REQUEST _____

ANNUAL _____

IX. REMARKS



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 000 0 9 7 3 8 1 4 7	Manifest Document No. 0 0 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address RAY SCHUMANN & ASSOCIATES, INC. 1347 JANUARY AVE SPRINGFIELD, MO 65810		MO.I.D.# 04255001		A.Illinois Manifest Document Number IL 1123312		
4. Generator's Phone (314) 645-8700		6. US EPA ID Number M 000 7 1 9 5 7 1 4 6		B.Illinois Generator's ID 9291895224		
5. Transporter 1 Company Name H1216 CHEMISPHENE CORP.		7. Transporter 2 Company Name		C.Illinois Transporter's ID 10959		
9. Designated Facility Name and Site Address CLAYTON CHEMICAL #1 MOBILE SAUGET, ILLINOIS 62201		10. US EPA ID Number IL 006 6 9 1 8 3 2 7		D.(314)644-1300 Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		E.Illinois Transporter's ID		
a. <input checked="" type="checkbox"/> HM		No. Type		F.() Transporter's Phone		
HAZARDOUS WASTE, LIQUID, NOS, ORME UN 1897		12 0m		G.Illinois Facility's ID 11631210004		
b.				H.Facility's Phone (618) 271-0467		
c.				13. Total Quantity		
d.				14. Unit Wt/Vol		
J. Additional Descriptions for Materials Listed Above STREAM #1		K. Handling Codes for Wastes Listed Above S02		1. Waste No. EPA HW No. Authorization Number EPA HW Number Authorization Number EPA HW Number Authorization Number		
15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.						
Printed/Typed Name JAMES A. SCHUMANN		Signature James A. Schumann		Date 5/28/85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name KENNETH JOHNSTON		Signature Kenneth Johnston		
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		
19. Discrepancy Indication Space						
20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Pam Fenster		Signature Pam Fenster		Date 5/30/85		



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved: OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0 0 0 . 0 9 7 . 3 2 1 4 7	Manifest Document No. 0 0 2	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address RAY SCHUMANN & ASSOCIATES, INC. 1347 JANUARY AVE ST. LOUIS, MO 63110		MO I. D. # 04255-001-002		A. Illinois Manifest Document Number IL 1123313	
4. Generator's Phone (314) 645-8700		6. US EPA ID Number M 0 0 0 . 9 1 9 5 7 . 1 4 6		B. Illinois Generator's ID 9 2 9 1 1 8 9 5 2 2 4	
5. Transporter 1 Company Name H 1 2 1 6 CHEMISPHERE CORP.		8. US EPA ID Number		C. Illinois Transporter's ID 0 9 5 9	
7. Transporter 2 Company Name		10. US EPA ID Number		D. (314) 644-1300 Transporter's Phone	
9. Designated Facility Name and Site Address CLAYTON CHEMICAL #1 MOBILE SAUGER, ILLINOIS 62201		13. Total Quantity 265		E. Illinois Facility's ID 11631210004	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE, LIQUID, NOS, ORNE UN 1899		12. Containers No. Type 5 DM		F. Facility's Phone (618) 271-0467	
J. Additional Descriptions for Materials Listed Above STREAM #1 04255-001-002		K. Handling Codes for Wastes Listed Above S02		L. Waste No. F 0 0 0 1 EPA HW Number 000009 Authorization Number EPA HW Number Authorization Number EPA HW Number Authorization Number	
15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.					
Printed/Typed Name JAMES A. SCHUMANN		Signature <i>James A. Schumann</i>		Date 8/29/85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name KENNETH JOHNSTON		Signature <i>Kenneth Johnston</i>	
18. Transporter 2 Acknowledgement or Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name DAM FENSTER		Signature <i>Dam Fenster</i>		Date 8/30/85	

Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved: OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M.000.097.38.1.4.7		Manifest Document No. 003		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address RAY SCHUMANN & ASSOCIATES, INC 1347 JAMUARY AVE ST. LOUIS, MO 63110		MO I.D. # 04255-003		A. Illinois Manifest Document Number IL 1123314					
4. Generator's Phone (314) 645-8700		5. Transporter 1 Company Name H1216 CHEMISPHERE CORP.		6. US EPA ID Number M00071957146		B. Illinois Generator's ID 929181952124			
7. Transporter 2 Company Name		8. US EPA ID Number		C. Illinois Transporter's ID 1019159		D. (314) 644-1360 Transporter's Phone			
9. Designated Facility Name and Site Address CLAYTON CHEMICAL & RR-001 #1 MOBILE SALUET, ILLINOIS 62201		US EPA ID Number IL0066918327		E. Illinois Transporter's ID		F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
a. <input checked="" type="checkbox"/> HM HAZARDOUS WASTE, LIQUID, NOS, ORME UN 1897		No. 5		Type DM		27.5 G		EPA HW Number Doc1 F0101011 Authorization Number 01010109	
b.								EPA HW Number Authorization Number	
c.								EPA HW Number Authorization Number	
d.								EPA HW Number Authorization Number	
J. Additional Descriptions for Materials Listed Above STREAM #1 04255-003						K. Handling Codes for Wastes Listed Above 502			
15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.									
Printed/Typed Name JAMES A. SCHUMANN				Signature <i>James A. Schumann</i>				Date 11/22/85	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Mark C. Knippen</i>				Date 11/22/85	
Printed/Typed Name MARK C. KNIPPEN				Signature <i>Mark C. Knippen</i>				Date 11/22/85	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature <i>Kenneth Johnston</i>				Date 11/25/85	
Printed/Typed Name KENNETH JOHNSTON				Signature <i>Kenneth Johnston</i>				Date 11/25/85	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Pam Fenster				Signature <i>Pam Fenster</i>				Date 12/04/85	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111 1/2 Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

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EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404. Expires 7-3

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M O D O 0 9 7 3 8 1 4 7		Manifest Document No. 0 0 1		2. Page 1 of 1		Information in the shaded areas is required by Federal law, but is required by Illinois law.			
3. Generator's Name and Mailing Address RAY SCHUMANN ASSOCIATES, INC 1347 JANEWAY AVE ST. LOUIS, MO 63110						A. Illinois Manifest Document Number IL 1150684					
4. Generator's Phone (314) 645-8700						B. Illinois Generator's ID 929188522					
5. Transporter 1 Company Name H216 CHEMISPHERE CORP.						C. Illinois Transporter's ID 093					
6. US EPA ID Number M O D O 0 7 1 9 5 7 1 4 6						D. (314) 6441300 Transporter's Phone					
7. Transporter 2 Company Name						E. Illinois Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address CLAYTON CHEMICAL CO #1 MOBILE SAVGET, ILLINOIS 62201						G. Illinois Facility's ID 163121000					
10. US EPA ID Number R R 0 0 1						H. Facility's Phone (618) 271-0467					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. <input checked="" type="checkbox"/> HM HAZARDOUS WASTE, LIQUID, NOS, OR ME CAN 1897						No. Type 6 0m		330 G		Waste No. EPA HW Number F 0 0 0 Authorization Number 0 0 0 9 0 0	
b.										EPA HW Number Authorization Number	
c.										EPA HW Number Authorization Number	
d.										EPA HW Number Authorization Number	
J. Additional Descriptions for Materials Listed Above STREAM #1 04255-004						K. Handling Codes for Wastes Listed Above 502					
15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.											
Printed/Typed Name JAMES A. SCHUMANN						Signature James A. Schumann					
17. Transporter 1 Acknowledgement of Receipt of Materials						Date 3/3/86					
Printed/Typed Name H. R. Schumacher						Signature H. R. Schumacher					
18. Transporter 2 Acknowledgement of Receipt of Materials						Date 3/3/86					
Printed/Typed Name						Signature					
19. Discrepancy Indication Space						Date					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Date					
Printed/Typed Name Pam Fenster						Signature Pam Fenster					

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

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STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY DIVISION OF LAND POLLUTION CONTROL

2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706 (217) 782-6761

IL532-0610

LPC 62 8/81

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EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M.O.D.O.0973.8147	Manifest Document No. 008	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address RAY SCHUMANN ASSOCIATES, INC 1341 JANUARY AVE. ST. LOUIS, MO 63110		M.O.D.O.# 04255-005		A. Illinois Manifest Document Number IL 1150683		
4. Generator's Phone (314) 645-8700		6. US EPA ID Number M.O.D.O.71957.46		B. Illinois Generator's ID 9129118952214		
5. Transporter 1 Company Name H216 CITEMISPHERE CORP.		8. US EPA ID Number		C. Illinois Transporter's ID 1091519		
7. Transporter 2 Company Name		10. US EPA ID Number		D. (314) 644-7300 Transporter's Phone		
9. Designated Facility Name and Site Address CLAYTON CHEMICAL CO RR-001 #1 MOBILE SAWYER, ILLINOIS 62201		12. Containers No. Type 10 DM 550G		E. Illinois Transporter's ID F. () Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. <input checked="" type="checkbox"/> HM HAZARDOUS WASTE, LIQUID, NOS, ORME UN1899		13. Total Quantity 550G		G. Illinois Facility's ID 11631121101014		
b.		14. Unit WL/Vol		H. Facility's Phone (618) 271-0467		
c.		15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY		I. Waste No. EPA HW Number Authorization Number EPA HW Number Authorization Number		
d.		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.		K. Handling Codes for Wastes Listed Above S02		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JAMES A. SCHUMANN		Signature James A. Schumann		Date Month Day Year 5/19/86		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT A. DIRNBERGER		Signature Robert A. Dirnberger		Date Month Day Year 5/27/86		
19. Discrepancy Indication Space		Signature Robert A. Dirnberger		Date Month Day Year 10/09/86		
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name Pam Fenster		Signature Pam Fenster		
				Date Month Day Year 11/09/86		

Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M.O.D.0097381471		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address RAY Schumann & Associates, INC 1347 JANUARY AVE St. Louis, Mo 63110				A. Illinois Manifest Document Number IL 1123315			
4. Generator's Phone (314) 645-8700				B. Illinois Generator's ID 9291495224			
5. Transporter 1 Company Name H1216 CHEMISPHERE CORP.				C. Illinois Transporter's ID D(84) 644-1300			
6. US EPA ID Number M.O.D.071957146				D. Transporter's Phone 10959			
7. Transporter 2 Company Name NA				E. Illinois Transporter's ID F()			
8. US EPA ID Number				Transporter's Phone			
9. Designated Facility Name and Site Address CLAYTON CHEMICAL Co RR-001 #1 MOBILE SAUKET, ILLINOIS 62201				G. Illinois Facility's ID 1631210004			
10. US EPA ID Number IL.D.066918327				H. Facility's Phone (618) 271-0467			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	
a. <input checked="" type="checkbox"/> HM HAZARDOUS WASTE, LIQUID, NOS, ORME UN1899				No. Type 8 Dm		44.0 G	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above STREAM #1 04255-006-006				K. Handling Codes for Wastes Listed Above 502			
15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.							
Printed/Typed Name JAMES A. Schumann				Signature <i>James A. Schumann</i>		Date Month Day Year 8/18/86	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Robert A. Drenberger</i>		Date Month Day Year 08/28/86	
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Pam Fenster				Signature <i>Pam Fenster</i>		Date Month Day Year 08/28/86	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

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EPA Form 8700-22 (3-84)

Form Approved. OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. M 0 0 0 0 9 7 3 8 1 4 7 1	Manifest Document No. 0 0 4	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address RAY SCHUMANN + ASSOCIATES, INC 1347 JANUARY AVE ST. LOUIS, MO 63110		MO I D H 04255-007		A. Illinois Manifest Document Number IL 1150682	
4. Generator's Phone (314) 645-8700		6. US EPA ID Number M 0 0 0 7 1 9 5 7 1 4 6		B. Illinois Generator's ID 9 2 9 1 8 9 5 2 2 4	
5. Transporter 1 Company Name H 1 2 1 6 CITEMISPIRENE CORP.		8. US EPA ID Number		C. Illinois Transporter's ID 0 9 5 9	
7. Transporter 2 Company Name		10. US EPA ID Number		D. (314) 644-1300 Transporter's Phone	
9. Designated Facility Name and Site Address CLAYTON CHEMICAL CO RR-001 #1 MOBILE SAUJET, ILLINOIS 62201		10. US EPA ID Number I L D 0 6 6 9 1 8 3 2 7		E. Illinois Transporter's ID F. (314) 644-1300 Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
a. <input checked="" type="checkbox"/> HM HAZARDOUS WASTE, LIQUID, NOS, OR ME UN 1899		6 DM		330	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above STREAM #1 04255-007		K. Handling Codes for Wastes Listed Above S02			
15. Special Handling Instructions and Additional Information RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.					
Printed/Typed Name A. R. Hunter		Signature A. R. Hunter		Date Month Day Year 11/26/86	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JAMES A. Schumann		Signature J. A. Schumann		Date Month Day Year 11/26/86	
18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Pam Fenster		Signature Pam Fenster		Date Month Day Year 11/20/86	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. # 5

GENERATOR COPY - PART 1- DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved, OMB No. 2000-0404. Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MO000775-147		Manifest Document No. 70-8		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address KAY SCHUMACHER 1411 S. W. 1st St. St. Louis, MO 63104						A. Illinois Manifest Document Number IL 1546838			
4. Generator's Phone (314) 645-1133						B. Illinois Generator's ID 17-1411817-12-11			
5. Transporter 1 Company Name H 1216 CHEMURNEF CORP.						6. US EPA ID Number MO000719-0146		C. Illinois Transporter's ID 17-1411817-12-11	
7. Transporter 2 Company Name						8. US EPA ID Number		D. Illinois Transporter's ID 17-1411817-12-11	
9. Designated Facility Name and Site Address CLAYTON CHEMICAL CO. P.O. BOX 1 #1 MOBILE SAVING ILLINOIS 62301						10. US EPA ID Number IL000691R829		E. Illinois Facility's ID 17-1411817-12-11	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE, LIQUID, NA, 09 UN 1817						12. Containers No. 8 Type D		13. Total Quantity 440 E	
14. Unit Wt/Vol						15. Waste No. EPA HW Number 17-1411817-12-11 Authorization Number 17-1411817-12-11		16. EPA HW Number 17-1411817-12-11 Authorization Number 17-1411817-12-11	
17. Special Handling Instructions and Additional Information KAY SCHUMACHER 04255-208						K. Handling Codes for Wastes Listed Above In Item #14 1 = Gallons 2 = Cubic Yards 502			
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations.									
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable, and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name JAMES A. SCHUMACHER						Signature James A. Schumacher		Date 02/26/17	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name WILLIAM J. FINE						Signature William J. Fine		Date 02/28/87	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature		Date	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date			
Printed/Typed Name						Signature		Month Day Year	

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA PART - 3 FACILITY PART - 4 TRANSPORTER PART - 5 IEPA PART - 6 GENERATOR

REV. #6

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 111, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

GENERATOR COPY - PART 6

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <i>MO000293449</i>		Manifest Document No. <i>002</i>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address <i>MO. 308 1145 S. Main St. St. Louis, MO 63103</i>					A. Illinois Manifest Document Number <i>IL 1688137</i>		
4. Generator's Phone <i>314-555-0000</i>					B. Illinois Generator's ID <i>114511451145</i>		
5. Transporter 1 Company Name <i>H216 Chemicals Corp.</i>					C. Illinois Transporter's ID <i>114511451145</i>		
6. US EPA ID Number <i>MO000293449</i>					D. Transporter's Phone <i>314-555-0000</i>		
7. Transporter 2 Company Name					E. Illinois Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address <i>CHRYSLER CREDIT CORP. K2-001 1145 S. Main St. St. Louis, MO 63103</i>					G. Illinois Facility's ID <i>114511451145</i>		
10. US EPA ID Number <i>IL0006918322</i>					H. Facility's Phone <i>314-555-0000</i>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers	13. Total Quantity	14. Unit Wt/Vol
					No.	Type	
a. <i>HAZARDOUS WASTE, LIQUID, NOS, CORN CAN 1899</i>					<i>7</i>	<i>DM</i>	<i>114511451145</i>
b.							<i>XX</i>
c.							<i>XX</i>
d.							<i>XX</i>
J. Additional Descriptions for Materials Listed Above <i>STILL #1 - 009 0125-002</i>					K. Handling Codes for Wastes Listed Above in Item #14 <i>1 = Gallons 2 = Cubic Yards</i>		
15. Special Handling Instructions and Additional Information <i>RETURN TO GENERATOR IF NOT DELIVERABLE TO DESIGNATED FACILITY</i>							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.							
Printed/Typed Name <i>JAMES A. Schumann</i>					Signature <i>James A. Schumann</i>		Date <i>5/90</i>
17. Transporter 1 Acknowledgement of Receipt of Materials					Date		
Printed/Typed Name <i>HAROLD HUNTER</i>					Signature <i>Harold Hunter</i>		Month Day Year <i>5/90</i>
18. Transporter 2 Acknowledgement of Receipt of Materials					Date		
Printed/Typed Name					Signature		Month Day Year
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					Date		
Printed/Typed Name					Signature		Month Day Year



Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. E0D009738147003	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address Ray Schumann & Associates, Inc. 1347 January Ave., St. Louis, MO 63110				A. Illinois Manifest Document Number IL 1123311		
4. Generator's Phone (314) 645-8700				B. Illinois Generator's ID 0291295224		
5. Transporter 1 Company Name Clayton Chemical Co.				C. Illinois Transporter's ID 618 271 0467		
6. US EPA ID Number IL D066918327				D. Transporter's Phone		
7. Transporter 2 Company Name Commercial Cleaning & Hauling				E. Illinois Transporter's ID		
8. US EPA ID Number IL 0620003				F. Transporter's Phone		
9. Designated Facility Name and Site Address Clayton Chemical Co. Sangre, Illinois 62201				G. Illinois Facility's ID D066918327		
10. US EPA ID Number ILD066918327				H. Facility's Phone (618) 271-0467		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.	
HM		No. Type			EPA HW Number	
a.	x Perchloroethylene Waste Solvents NO.S. Toxic UN 1897	15 DN	4.50	1	D001	
b.					Authorization Number	
c.					EPA HW Number	
d.					Authorization Number	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.						
Printed/Typed Name James A. Schumann				Signature <i>James A. Schumann</i>		
17. Transporter 1 Acknowledgement of Receipt of Materials				Date 9 11 84		
Printed/Typed Name R.J. LINDEMANN				Signature <i>R.J. Lindemann</i>		
18. Transporter 2 Acknowledgement or Receipt of Materials				Date 9 11 84		
Printed/Typed Name				Signature		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		
Date				Month Day Year		

Please print or type.

(Form designed for use on 11x17 (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved, OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. MD009738147		Manifest Document No. 003		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address Ray Schumann & Assoc. Inc. 1347 January Ave. St. Louis, Mo. 63110 4. Generator's Phone (314) 643-8700						A. Illinois Manifest Document Number IL 1688138			
5. Transporter 1 Company Name Clayton Chemical Co.						6. US EPA ID Number MD087185116		B. Illinois Generator's ID 9291893224	
7. Transporter 2 Company Name Commercial Cleaning & Maintenance						8. US EPA ID Number 15-1111111		C. Illinois Transporter's ID 618 271 0467	
9. Designated Facility Name and Site Address Clayton Chemical Co. MDR 901 Saugat IL 62201						10. US EPA ID Number ILD066918328		D. Illinois Facility's ID 0066918328	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity	
a. Pentachloroethylene WASTE Pentachloroethylene Mixture ORMA UN1697						9		495	
b. Waste Solvents NO. 5. Toxic UN 1897								1	
c.									
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 1 = Gallons 2 = Cubic Yards 512			
15. Special Handling Instructions and Additional Information If Not Deliverable AS Addressed, Return to Generator									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name James A. Schumann						Signature <i>[Signature]</i>		Date 12/18/87	
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
								Date Month Day Year	

IN ILLINOIS: 217 / 782-3637

"24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR PART - 2 IEPA

PART - 3 FACILITY

PART - 4 TRANSPORTER

PART - 5 IEPA

PART - 6 GENERATOR

REV. 85

GENERATOR COPY - PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1983, Chapter 1111, Section 21, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator of not to exceed \$25,000 per day of violation. Fabrication of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

GENERATOR COPY - PART 6



Ray Schumann
& Associates

1347 January Ave., St. Louis, MO. 63110 (314) 645-8700

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete for the quarterly accounting of hazardous waste handled. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

James A. Schumann
Hazardous Waste Coordinator
Ray Schumann & Associates, Inc.
1347 January Avenue
St. Louis, MO 63110

Missouri Generator I.D.#
04255

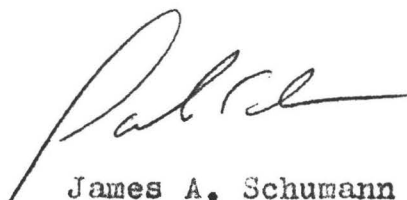
EPA I.D. #
MOD009738147

Illinois Land Pollution
I.D.# for waste handlers
9291895224

January 28, 1986

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete for the quarterly accounting of hazardous waste handled. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



James A. Schumann
Hazardous Waste Coordinator
Ray Schumann & Associates, Inc.
1347 January Avenue
St. Louis, MO 63110

Missouri Generator I.D.#
04255

EPA I.D.# MOD069738147

Illinois Land Pollution
I.D.# for Waste Handlers
9291895224



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176
Jefferson City, MO 65102

Generators hazardous waste report summary sheet

part 4
office use only

READ INSTRUCTIONS AND PRINT OR TYPE

entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter. separate sheets must be completed for each facility utilized

SECTION F-REPORT IDENTIFICATION

1 for the quarter ending	2 page 2 of 2
1 | 3 | 87 month day year	3 generator's Mo. ID. No. 0.4.25.5

SECTION G-FACILITY IDENTIFICATION

4 facility name CLAYTON CHEMICAL COMPANY	5 facility's EPA ID. No. I.L.O.O.6.6.9.8.3.2.7
6 facility's Missouri ID. No.	
7 facility site address (street, city, state and zip code) H 1 MOBILE SAUJET, ILLINOIS 62201	

SECTION H-WASTE IDENTIFICATION

line	8 description of waste	9 DOT hazard code	10 EPA hazardous waste No.	11 total amount of waste	12 unit of measure	13 specific gravity	14 handling code
1	HAZARDOUS WASTE, LIQUID, NOS, ORME	1.5	D001	330	G	.	S.O.2
2		.	...			.	..
3		.	...			.	..
4		.	...			.	..
5		.	...			.	..
6		.	...			.	..
7		.	...			.	..
8		.	...			.	..
9		.	...			.	..
10		.	...			.	..

SECTION I-TRANSPORTATION SERVICES UTILIZED

15 CHEMISPHERE CORPORATION US EPA I.D.# M0007157146 Mo I.D.# - H 1216

SECTION J-COMMENTS

16



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176 (314) 751-3176
Jefferson City, MO 65102

Generator's hazardous waste report summary sheet

part 1
office use only

READ INSTRUCTIONS AND EITHER PRINT OR TYPE

regardless of whether or not any off-site shipment occurred, as a registered generator of hazardous waste you must complete, sign and transmit this form to the department

SECTION A REPORT IDENTIFICATION

1. type of report (check one) quarterly <input checked="" type="checkbox"/> annual <input type="checkbox"/>	2. for the period ending 1 | 31 | 87 month day year	3. page 1 of 2
--	---	----------------

SECTION B GENERATOR IDENTIFICATION

4. generator's name RAY SCHUMANN & ASSOC. INC.	5. generator's EPA I.D. No. M.O.D.O.O.9.7.3.8.1.4.7
	6. generator's Missouri I.D. No. 0.4.2.5.5

7. mailing address

street or p.o. box number 1347 JANUARY AVENUE
city ST. LOUIS state MISSOURI zip code 63160

8. plant address / location (if different from mailing address)

street or route number
city state zip code

9. generator contact person

phone number ac. (314) 645-8700

name JIM SCHUMANN

SECTION C STATUS OF WASTE GENERATED (check one)

10. SHIPPED OFF-SITE <input checked="" type="checkbox"/> complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the dept.	11. REGULATED QUANTITY <input type="checkbox"/> NOT GENERATED sign certification and transmit to the department
---	--

SECTION D COMMENTS

12.

SECTION E CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176 (314) 751-3176
Jefferson City, MO 65102

Generator's hazardous waste report summary sheet

part 1
office use only

READ INSTRUCTIONS AND EITHER PRINT OR TYPE

regardless of whether or not any off-site shipment occurred, as a registered generator of hazardous waste you must complete, sign and transmit this form to the department

SECTION A—REPORT IDENTIFICATION

1 type of report (check one) quarterly <input checked="" type="checkbox"/> annual <input type="checkbox"/>	2 for the period ending 4 13 01 87 month day year	3 page 1 of 2
---	---	---------------

SECTION B—GENERATOR IDENTIFICATION

4 generator's name RAY SCHUMANN & ASSOCIATES, INC.	5 generator's EPA I.D. No. M.O.D.009.7.38.1.4.7
	6 generator's Missouri I.D. No. 0.4.2.5.5

7 mailing address —
street or p.o. box number 1347 JANUARY AVENUE
city St. Louis state MISSOURI zip code 63110

8 plant address / location (if different from mailing address) —
street or route number
city state zip code

9 generator contact person — phone number ac. (314) 645-8700
name TIM SCHUMANN

SECTION C—STATUS OF WASTE GENERATED (check one)

10 SHIPPED OFF-SITE — <input type="checkbox"/> complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the dept.	11 REGULATED QUANTITY <input type="checkbox"/> NOT GENERATED — sign certification and transmit to the department
---	---

SECTION D—COMMENTS

12

SECTION E—CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

print name JAMES A. SCHUMANN signature [Signature] date 4/20/87



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176
Jefferson City, MO 65102

Generator's hazardous waste report summary sheet

part 2
office use only

READ INSTRUCTIONS AND PRINT OR TYPE

entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter. separate sheets must be completed for each facility utilized

SECTION F-REPORT IDENTIFICATION

1 for the quarter ending 2 page 1 of 1
4 | 30 | 87 3 generator's Mo. ID. No.
month day year [0.4.2.5.5]

SECTION G-FACILITY IDENTIFICATION

4 facility name
CLAYTON CHEMICAL COMPANY
5 facility's EPA ID. No. I.C.D.0.6.6.9.1.8.3.2.7
6 facility's Missouri ID. No.
7 facility site address (street, city, state and zip code)
#1 MOBILE
SAUJET, ILLINOIS 62201

SECTION H-WASTE IDENTIFICATION

line	8 description of waste	9 DOT hazard code	10 EPA hazardous waste No.	11 total amount of waste	12 unit of measure	13 specific gravity	14 handling code
1	HAZARDOUS WASTE, LIQUID, NOS, ORME	15	..P.001	440	G	.	S.O.2
2		.	...			.	.
3		.	...			.	.
4		.	...			.	.
5		.	...			.	.
6		.	...			.	.
7		.	...			.	.
8		.	...			.	.
9		.	...			.	.
10		.	...			.	.

SECTION I-TRANSPORTATION SERVICES UTILIZED

15 CHEMISPHERE CORPORATION
U.S. EPA ID # MOD071957146
Mo. I.D. # H 1216

SECTION J-COMMENTS

16



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176 (314) 751-3176
Jefferson City, MO 65102

Generator's hazardous waste report summary sheet

part 1
office use only

READ INSTRUCTIONS AND EITHER PRINT OR TYPE

regardless of whether or not any off-site shipment occurred, as a registered generator of hazardous waste you must complete, sign and transmit this form to the department

SECTION A—REPORT IDENTIFICATION

1. type of report (check one) quarterly <input checked="" type="checkbox"/> annual <input type="checkbox"/>	2. for the period ending 7 | 3 | 1 | 87 month day year	3. page 1 of 2
--	--	----------------

SECTION B—GENERATOR IDENTIFICATION

4. generator's name RAY SCHUMANN & ASSOCIATES, INC.	5. generator's EPA ID. No. MO-D-009-738-147
	6. generator's Missouri I.D. No. 04-255

7. mailing address

street or p.o. box number 1347 JANUARY AVE
city St. Louis state MO zip code 63110

8. plant address / location (if different from mailing address)

street or route number
city state zip code

9. generator contact person

phone number oc. (314) 645-8700

name JAMES SCHUMANN

SECTION C—STATUS OF WASTE GENERATED (check one)

10. SHIPPED OFF-SITE <input checked="" type="checkbox"/> complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the dept.	11. REGULATED QUANTITY <input type="checkbox"/> NOT GENERATED sign certification and transmit to the department
---	--

SECTION D—COMMENTS

12.

SECTION E—CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

print name JAMES A. SCHUMANN signature [Signature] date 7/15/87



DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176
Jefferson City, MO 65102

waste report summary sheet

office use only

READ INSTRUCTIONS AND PRINT OR TYPE

entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter. separate sheets must be completed for each facility utilized.

SECTION F - REPORT IDENTIFICATION

1 for the quarter ending 2 page 2 of 2
3 generator's Mo. ID. No. 10.4.2.55
7/3/87
month day year

SECTION G - FACILITY IDENTIFICATION

4 facility name
CLAYTON CHEMICAL COMPANY
5 facility's EPA ID. No. I.L.D. 06.6.9.1.8.3.2.9
6 facility's Missouri ID. No.
7 facility site address (street, city, state and zip code)
#1 MOBILE
SAUGER, ILLINOIS 62201

SECTION H - WASTE IDENTIFICATION

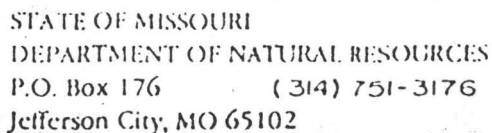
line	8 description of waste	9 DOT hazard code	10 EPA hazardous waste No.	11 total amount of waste	12 unit of measure	13 specific gravity	14 handling code
1	HAZARDOUS WASTE, LIQUID NOS ORME WASTE PERCHLOROETHYLENE MIXTURE ORMA UN1899	.	...	385	G	.	S.O.2
2		.	...			.	.
3		.	...			.	.
4		.	...			.	.
5		.	...			.	.
6		.	...			.	.
7		.	...			.	.
8		.	...			.	.
9		.	...			.	.
10		.	...			.	.

SECTION I - TRANSPORTATION SERVICES UTILIZED

15 CHEMISPHERE CORPORATION
U.S. EPA I.D.# MODO71957146
MO. I.D.# H1216

SECTION J - COMMENTS

16



*Generator's hazardous
waste report
summary sheet*

part 1
office use only

READ INSTRUCTIONS AND EITHER PRINT OR TYPE

regardless of whether or not any off-site shipment occurred, as a registered generator of hazardous waste you must complete, sign and transmit this form to the department

SECTION A-REPORT IDENTIFICATION

1. type of report-(check one)
quarterly ☒ annual ☐

2. for the period ending
9 | 30 | 87
 month day year

3. page. 1 of 2

SECTION B GENERATOR IDENTIFICATION

4. generator's name RAY SCHUMANN & ASSOCIATES
INC.

5. generator's
EPA I.D. No. M.O.O.O.O.9.7.3.8.1.4.7

6.generator's _____
Missouri I.D. No. _____ 0.4.2.55

7 mailing address —

street or p.o. box number 1347 JANUARY AVENUE
city ST. LOUIS state MISSOURI zip code 63110

8 plant address / location (if different from mailing address) —

street or route number _____

city _____ state _____ zip code _____

9 generator contact person --- phone number ac. (314) 645-8700
name James A. Schumann

SECTION C-STATUS OF WASTE GENERATED (check one)

10. SHIPPED OFF-SITE — ☒
complete part 2, attach completed
hazardous waste manifests, sign
certification and transmit to the dept.

REGULATED QUANTITY
NOT GENERATED _____
sign certification and
transmit to the department

SECTION D-COMMENTS

100-204-4015
W. 29A I & E PRODUCTIONS
O'Hanrahan Corporation

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 176
Jefferson City, MO 65102

Generator's hazardous
waste report
summary sheet

part 4
office use only

READ INSTRUCTIONS AND PRINT OR TYPE

entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter. separate sheets must be completed for each facility utilized.

SECTION F - REPORT IDENTIFICATION

1 for the quarter ending 2 page 2 of 2
9 | 30 | 87 3 generator's Mo. ID. No.
month day year 04255

SECTION G - FACILITY IDENTIFICATION

4 facility name 5 facility's EPA ID. No. I.L.O.O.66.9.1.8.3.2.7
CLAYTON CHEMICAL COMPANY
6 facility's Missouri ID. No.
7 facility site address (street, city, state and zip code)
1 MORICE
SARASOT, ILLINOIS 62201

SECTION H - WASTE IDENTIFICATION

line	8 description of waste	9 DOT hazard code	10 EPA hazardous waste No.	11 total amount of waste	12 unit of measure	13 specific gravity	14 handling code
1	WASTE, PERCHLOROETHYLENE MIXTURE ORMA UN1897	.	...	495	G	.	S.O.2
2		.	...			.	.
3		.	...			.	.
4		.	...			.	.
5		.	...			.	.
6		.	...			.	.
7		.	...			.	.
8		.	...			.	.
9		.	...			.	.
10		.	...			.	.

SECTION I - TRANSPORTATION SERVICES UTILIZED

15 CHEMISPHENE CORPORATION
U.S. EPA I.D.# MODO71957146
Mo. I.D.# H 1216

SECTION J - COMMENTS

16

HAZARDOUS WASTE EMERGENCY SPILL INFORMATION

Should a spill occur or leakage occur of hazardous materials that are being stored at this facility, Ray Schumann & Associates, Inc., 1347 January Ave., St. Louis, Mo, 63110, awaiting final disposal, the emergency coordinator or assistant shall do the following:

He shall assess the situation, and after appropriate action has been taken to contain the spillage or leakage, he shall use his judgement if it is necessary to call for evacuation of the immediate area or neighborhood. If the emergency coordinator shall deem evacuation necessary and human health or the environment is threatened, he must immediately notify the following officials:

Missouri Department of Natural Resources Emergency
Response Coordinator (314) 634-CHRM

EPA Region VII Emergency Planning and Response
Branch (913) 236-3778 or

National Response Center, 24 hour emergency telephone
number (800) 424-8802.

The Emergency Coordinator shall report:

- (a) name and telephone number of reporter
- (b) name and address of facility - 1347 January Ave., St. Louis, Mo, 63110
- (c) Time and type of incident (example: release, fire, etc.)
- (d) name and quantity of material(s) involved, to the extent known...in the case of Ray Schumann & Associates, Inc., it shall consist of hazardous waste of Perchloroethylene (approx 75%) and N-Butanol Alcohol (approx 25%).
- (e) Extent of injuries, if any
- (f) Possible hazards to human health or the environment outside the facility; Perchloroethylene is still being as being harmful, possibly causing cancer in laboratory animals if inhaled for extreme periods of time and on a continuing basis. It is considered toxic in this form of waste.



Ray Schumann
& Associates, Inc.

1347 January Ave., St. Louis, MO. 63110 (314) 645-8700

June 10, 1989

Mr. Robert Morby
Chief, RCRA Branch
United States Environmental Protection Agency
Region VII
726 Minnesota Ave.
Kansas City, Kansas 66101

RECEIVED

JUN 16 1989

USEPA, RCRA Branch

Dear Mr. Morby:

This letter is in response to a citation our company received subsequent to an inspection conducted on June 8, 1989. by Mr. Greg Uetrecht and Ms. Laurie M. Smith of Jacobs Engineering Group Inc. to determine compliance with 40 CFR 268 - Land Disposal Restrictions. The result of their inspection was a one citation: 268.50 (a) (2) (i) - container not marked to clearly identify its contents.

Please be advised that this was immediately corrected after the departure of the inspectors by marking the label with the correct EPA Waste ID number. At the time of the inspection, approximately 25 kg. of our only waste stream, perchloro-ethylene sludge, was being accumulated in a 55 gallon drum. The drum had been affixed with the standard hazardous waste warning label.

In 1984 we instituted a comprehensive program to meet RCRA requirements: registration, contingency plan, preparedness and prevention, personnel training. We had developed a RCRA compliance manual. It calls for labeling accumulation containers. Weekly inspections are a part of our management practices incorporated in the manual. In order to prevent a recurrence of this problem, we will revise the manual and inspection procedures to specify a check for completeness of label information. We will include these revised procedures in upcoming refresher training for personnel involved in managing hazardous waste. We anticipate implementing the preventative measures within 45 days. We hope to be able to get a copy of the inspectors' report and incorporate their recommendations into our program within the same time frame.

I hope this response has demonstrated our timely corrective actions, preventative measures, and desire to comply with the Resource Conservation and Recovery Act and pursuant regulations. Should you require any additional documentation, please contact me.

Yours Truly,

James A. Schumann
Ray Schumann & Associates, Inc.

of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: Ray Schumann and Associates, Inc.
Address: 1347 January Avenue
St. Louis, MO 63110
EPA ID Number: MO2009738147 Date: 06/08/89

During an inspection just completed to determine compliance with the requirements of Subtitle C of RCRA and regulations promulgated pursuant thereto, the following violations were identified:

Citation	Description of Violation
268.7(a)(1) LMS	Generate must provide notification of LMS treatment standards with first manifest LMS
268.50 (a)(2)(i)	Each container must be clearly marked to identify its contents of F-solvent waste

This notice is provided to call your attention to those areas of noncompliance at the earliest possible time. This notice does not constitute a compliance order (Administrative Civil Complaint) issued pursuant to Section 3008 of RCRA and may not be a complete listing of all violations which may be identified as a result of this inspection.

The Ray Schumann & Assoc. Inc. is hereby requested to submit in writing within 10 days of receipt of this notice a description of all corrective actions taken and/or a schedule for completion of necessary correction actions to be taken to: Robert Morby, Chief, RCRA Branch, U. S. Environmental Protection Agency, Region VII, 726 Minnesota Ave., Kansas City, Kansas, 66101. The corrective actions taken by Ray Schumann & Assoc. Inc. will be considered in subsequent enforcement follow-up. Should civil penalties be assessed, corrective action(s) will be considered in assessing the penalty amount.

If you have any questions on this Notice or wish to discuss your response, you may call Cynthia Hutchinson (U. S. EPA) at 913/236-2888, or _____, at _____.

This Notice prepared by Laurie M. Smith, Date: 06/08/89

The undersigned person hereby acknowledges that he/she has received a copy of this Notice and has read same.

Printed Name: JAMES A. SCHUMANN Date: 6/8/89
Signature: [Signature]
Title: TREASURER

27.085 Ray Schumann

cc - WMP
Recorded

JOHN ASHCROFT
Governor

FREDERICK A. BRUNNER
Director



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY

St. Louis Regional Office
8460 Watson Road, Suite 217
St. Louis, MO 63119
314-849-1313

RECEIVED
FEB 27 1986

WASTE MANAGEMENT
PROGRAM
LOW # 86-SL.006

February 24, 1986

Mr. James Schumann, Treasurer
Ray Schumann & Associates, Inc.
1347 January Avenue
St. Louis, Missouri 63110

Dear Mr. Schumann:

Enclosed is a report of a hazardous waste management inspection conducted at your facility on February 20, 1986. Please note that under "Unsatisfactory Features" are findings that require corrective action as listed under "Recommendations".

Within 45 days of the receipt of this correspondence, please provide this office a written response outlining the steps you have taken to implement the recommendations of this report.

Should you have any questions, please contact me at the St. Louis Regional Office.

Sincerely,

ST. LOUIS REGIONAL OFFICE

Walt Puryear

Walt Puryear
Chief - Waste Management Unit

WP:mc
Encl.

CC: Central Office - WMP